



Form No. 4S
(A/02-09)

Town of Spencer Sewer Department

90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Application for Adjustment of Sewer Bill

Is the adjustment requested for your...		
<input type="checkbox"/> PERSONAL RESIDENCE or		
<input type="checkbox"/> OTHER: Type of property, building or structure: _____ (i.e. rental unit)		
Name:		Phone No.:
Address:	City, State	Zip
Service Address (if different than above):		
Account Number:	Meter #	Billing Cycle:
Describe type of leak, date leak was repaired and attach a copy of repair bill:		
Signature:		Date:

Office Use Only

Computation:	
1. Original Gallons _____ - _____ Average Gallons = _____ Gallons	
2. _____ Gallons @ \$ _____ per 1,000 gallons = \$ _____ plus late fee \$ _____ = \$ _____ adjustment requested	
Adjustment:	
<input type="checkbox"/> Approved:	<input type="checkbox"/> Denied
Date Approved: _____	
Amount Approved: _____	
Date Adjustment entered on computer: _____	
Repair Inspected by: _____ Date: _____	

